



WILLIAMSON COUNTY GOVERNMENT  
Benefits Department

2015 General Leave of Absence Information  
Williamson County Board of Education Employees

Human Resources will determine the type of leave for which you are eligible. If you are a classified employee, contact Lindsey Quirk at 472-4052. If you are an educator (Professional), contact Karen Davis at 472-4051 or Linda Marlin at 472-4053.

The type leave you are approved for determines how your insurance is affected. When you go on leave, you may continue or terminate any or all of the insurance coverage that you have at the time of your leave. If you discontinue any benefits while on leave, you may resume the coverage by requesting to do so upon your return from leave; however, if you discontinue any voluntary benefits, you may have to provide evidence of insurability in order to re-enroll in those benefits. If you terminate your spouse's medical coverage and re-enroll him/her when you return to an active status, the new Spousal Rule that went into effect January 2, 2007 may apply.

If you are **eligible for Family Medical Leave (FMLA)**, the County will continue your insurance benefits just as if you were an active employee. You must pay for the employee-paid benefits that you choose to continue. If compensated during your leave, insurance will be deducted from your payroll deposit. Otherwise, you will make payments directly to the Williamson County Benefits Department.

FMLA (COMPENSATED OR UNCOMPENSATED) PER PAY PERIOD RATES

	20 pays*	22 pays*	24 pays**
<b><u>Deductible Plan</u></b>			
Employee	\$ 00.00	\$ 00.00	\$ 00.00
Employee +1	\$ 98.71	\$ 89.74	\$ 82.26
Employee +2 or more	\$188.45	\$171.32	\$157.04
Spousal Employee +1	\$158.71	\$144.28	\$132.26
Spousal Employee +2 or more	\$248.45	\$225.86	\$207.04
<b><u>Deductible Plan w/ HSA</u></b>			
Employee	\$ 00.00	\$ 00.00	\$ 00.00
Employee +1	\$ 60.76	\$ 55.23	\$ 50.63
Employee +2 or more	\$115.99	\$105.45	\$ 96.66
Spousal Employee +1	\$120.76	\$109.78	\$100.63
Spousal Employee +2 or more	\$175.99	\$159.99	\$146.66
<b><u>Delta Dental</u></b>			
Employee	\$ 00.00	\$ 0.00	\$ 0.00
Family	\$ 9.64	\$ 8.77	\$ 8.04

\*Classified Employees only

\*\*All Educators and 12 month Classified

Per Pay Deductions are based on the Monthly cost and the number of pay periods in a 12 month period.

If your leave or part of your leave is **FMLA ineligible**, the Williamson County Benefits Department will contact you with information about your insurance and the rates that apply for this type leave. Rates for FMLA ineligible uncompensated are below. These rates may vary for Professional Personnel that are approved for a FMLA ineligible leave for Military, Legislative Service, Maternity, Adoption, and Recuperation of Health. Again, the Human Resource Department will notify the Benefits Department of the leave type so that appropriate rates can be billed.

FMLA INELIGIBLE UNCOMPENSATED LEAVE-MONTHLY RATES

	Deductible Plan	Deductible Plan w/HSA	Dental
Employee Only \$	\$ 762.77	\$ 469.50	\$ 27.58
Employee + 1	\$1,601.81	\$ 985.94	\$ 81.96
Spousal	\$1,703.81	\$1,085.94	N/A
Family	\$2,364.56	\$1,455.45	\$ 81.86
Spousal	\$2,466.56	\$1,555.45	N/A

We will prorate uncompensated FMLA Ineligible leave rates if you are on uncompensated leave for only a part of a month (1-2 weeks will owe ½ month; 3-4 weeks will owe full month).

When your leave is approved, Human Resources will provide us information regarding your leave and we will then contact you about continuation of benefits. Please understand that The Benefits Department is unable to give specifics regarding your insurance until notification of your approved leave and type of leave have been received from Human Resources.

SPECIAL NOTE FOR EMPLOYEES ON LEAVE FOR BIRTH OR ADOPTION:

If you are adding a dependent to your medical and/or dental plan(s) due to a qualifying event, please complete the medical and/or dental change enrollment forms found on our website. **We must receive these completed forms within 31 days of the qualifying event date (i.e. birth or adoption date), along with a copy of the birth certificate (received from hospital) or court adoption papers.** If there is a change in your cost of coverage, you will receive a revised payment letter, once the enrollment process is complete.

Please direct questions regarding continuation of coverage while on leave to:

Toni Atib  
(615)790-5600  
Toni.atib@wcs.edu.